

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 46152F07
APPLICANT(S)

FILING DATE

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 14 | | 0 | | | | |
| 15 | | 0 | | | | |
| 16 | | 0 | | | | |
| 17 | | 0 | | | | |
| 18 | | 0 | | | | |
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| TOTAL IND. | 3 | | 1 | | | |
| TOTAL DEP. | | 30 | | 17 | | |
| TOTAL CLAIMS | 32 | | 18 | | | |

| | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. |
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| 100 | | | | / |
| TOTAL IND. | | | 0 | |
| TOTAL DEP. | | | 5 | |
| TOTAL CLAIMS | | | 5 | |

BEST AVAILABLE COPY